

External Reporting Requirements

Functional Area	Report	Data	Freq.	Generated By	Requesting Area
Finance/Budget	Carpenters - Employers Monthly Report to Trustees	Institution, Account Number, Employee name, Social Security Number, Total hours worked per month, vacation rate per hour, pay period, total amount due for vacation trust, signature, date signed	Ongoing	Regional Accounting Headquarters Accounting	Trade Trust Fund
Finance/Budget	Northern California Laborers - Combined Employer Report of Contribution	Institution, Account Number, Employee name, Social Security Number, Total hours worked per month, vacation rate per hour, pay period, total amount due for vacation trust, signature, date signed	Ongoing	Regional Accounting Headquarters Accounting	Trade Trust Fund
Finance/Budget	Cement Masons - Combined Employer Report of Contribution	Institution, Account Number, Employee name, Social Security Number, Total hours worked per month, vacation rate per hour, pay period, total amount due for vacation trust, signature, date signed	Ongoing	Regional Accounting Headquarters Accounting	Trade Trust Fund
Finance/Budget	Brick Masons - Bakersfield Pension Trust Fund Summary	Institution, Account Number, Employee name, Social Security Number, Total hours worked per month, vacation rate per hour, pay period, total amount due for vacation trust, signature, date signed	Ongoing	Regional Accounting Headquarters Accounting	Trade Trust Fund
Finance/Budget	California Field Ironworkers - Employers Monthly Report to Trustees	Institution, Account Number, Employee name, Social Security Number, Total hours worked per month, vacation rate per hour, pay period, total amount due for vacation trust, signature, date signed	Ongoing	Regional Accounting Headquarters Accounting	Trade Trust Fund
Finance/Budget	Monthly Remittance Form - Western States Asbestos Workers	Institution, Account Number, Employee name, Social Security Number, Total hours worked per month, vacation rate per hour, pay period, total amount due for vacation trust, signature, date signed	Ongoing	Regional Accounting Headquarters Accounting	Trade Trust Fund
Finance/Budget	Monthly Transmittal - Union Roofers Depository	Institution, Account Number, Employee name, Social Security Number, Total hours worked per month, vacation rate per hour, pay period, total amount due for vacation trust, signature, date signed	Ongoing	Regional Accounting Headquarters Accounting	Trade Trust Fund
Finance/Budget	Operating Engineers - Employers Report of Contributions	Institution, Account Number, Employee name, Social Security Number, Total hours worked per month, vacation rate per hour, pay period, total amount due for vacation trust, signature, date signed	Ongoing	Regional Accounting Headquarters Accounting	Trade Trust Fund
Finance/Budget	Painter's Employers Monthly Report Form	Institution, Account Number, Employee name, Social Security Number, Total hours worked per month, vacation rate per hour, pay period, total amount due for vacation trust, signature, date signed	Ongoing	Regional Accounting Headquarters Accounting	Trade Trust Fund

External Reporting Requirements

Functional Area	Report	Data	Freq.	Generated By	Requesting Area
Finance/Budget	Pipe Trades - Employer Contribution Reporting Form	Institution, Account Number, Employee name, Social Security Number, Total hours worked per month, vacation rate per hour, pay period, total amount due for vacation trust, signature, date signed	Ongoing	Regional Accounting Headquarters Accounting	Trade Trust Fund
Finance/Budget	Sheet Metal Workers - Employer Report	Institution, Account Number, Employee name, Social Security Number, Total hours worked per month, vacation rate per hour, pay period, total amount due for vacation trust, signature, date signed	Ongoing	Regional Accounting Headquarters Accounting	Trade Trust Fund
Finance/Budget	Tile Insurance Trust Fund Report	Institution, Account Number, Employee name, Social Security Number, Total hours worked per month, vacation rate per hour, pay period, total amount due for vacation trust, signature, date signed	Ongoing	Regional Accounting Headquarters Accounting	Trade Trust Fund
Finance/Budget	Bricklayers and Allied Craftsmen 3 Brick Masons Trust Fund	Institution, Account Number, Employee name, Social Security Number, Total hours worked per month, vacation rate per hour, pay period, total amount due for vacation trust, signature, date signed	Ongoing	Regional Accounting Headquarters Accounting	Trade Trust Fund
Finance/Budget	Northern California Carpenters Combined Employer Report of Contributions	Institution, Account Number, Employee name, Social Security Number, Total hours worked per month, vacation rate per hour, pay period, total amount due for vacation trust, signature, date signed	Ongoing	Regional Accounting Headquarters Accounting	Trade Trust Fund
Finance/Budget	Cement Masons Southern California Trust Funds	Institution, Account Number, Employee name, Social Security Number, Total hours worked per month, vacation rate per hour, pay period, total amount due for vacation trust, signature, date signed	Ongoing	Regional Accounting Headquarters Accounting	Trade Trust Fund
Finance/Budget	Construction Laborers Trust Funds for Southern California	Institution, Account Number, Employee name, Social Security Number, Total hours worked per month, vacation rate per hour, pay period, total amount due for vacation trust, signature, date signed	Ongoing	Regional Accounting Headquarters Accounting	Trade Trust Fund
Finance/Budget	International Brotherhood of Electrical Workers - Sacramento Electrical Contractors Association Trust Funds Monthly Payroll Report for Electrical Contractors	Institution, Account Number, Employee name, Social Security Number, Total hours worked per month, vacation rate per hour, pay period, total amount due for vacation trust, signature, date signed	Ongoing	Regional Accounting Headquarters Accounting	Trade Trust Fund
Finance/Budget	Operating Engineers Trust Funds Employer's Report of Contributions	Institution, Account Number, Employee name, Social Security Number, Total hours worked per month, vacation rate per hour, pay period, total amount due for vacation trust, signature, date signed	Ongoing	Regional Accounting Headquarters Accounting	Trade Trust Fund

External Reporting Requirements

Functional Area	Report	Data	Freq.	Generated By	Requesting Area
Finance/Budget	Sheet Metal Workers Trust Funds Local Fringe Benefit Report Form	Institution, Account Number, Employee name, Social Security Number, Total hours worked per month, vacation rate per hour, pay period, total amount due for vacation trust, signature, date signed	Ongoing	Regional Accounting Headquarters Accounting	Trade Trust Fund
Finance/Budget	Sheet Metal Workers Uniform Fringe Benefit Remittance Report	Institution, Account Number, Employee name, Social Security Number, Total hours worked per month, vacation rate per hour, pay period, total amount due for vacation trust, signature, date signed	Ongoing	Regional Accounting Headquarters Accounting	Trade Trust Fund
Finance/Budget	The Southern California Plastering Institute Employee Monthly Report to Trustees	Institution, Account Number, Employee name, Social Security Number, Total hours worked per month, vacation rate per hour, pay period, total amount due for vacation trust, signature, date signed	Ongoing	Regional Accounting Headquarters Accounting	Trade Trust Fund
Finance/Budget	Southern California Pipe Trades Administrative Corp. Employer Contribution Report	Institution, Account Number, Employee name, Social Security Number, Total hours worked per month, vacation rate per hour, pay period, total amount due for vacation trust, signature, date signed	Ongoing	Regional Accounting Headquarters Accounting	Trade Trust Fund
Finance/Budget	Tile Setters & Finishers Union Monthly Remittance	Institution, Account Number, Employee name, Social Security Number, Total hours worked per month, vacation rate per hour, pay period, total amount due for vacation trust, signature, date signed	Ongoing	Regional Accounting Headquarters Accounting	Trade Trust Fund
Finance/Budget	File Annual Information Returns (transmitting Form 1099 copies)	Federal Identification Number, Vendor Number, Vendor Name, Vendor Address, Batch Date, Batch Number, Claim Schedule Number, Invoice Number, Transaction Code, Fiscal Month, Fiscal Year, Object Code, Reportable Payment Type, Vendor Type, Invoice Amount, Mailing Address, Total Reportable Payments.	Annually	Regional Accounting Headquarters Accounting	Internal Revenue Service Franchise Tax Board
Finance/Budget	Use Tax	Month/Year, Seller's Permit Number, Institution name & address, Total sales, Total non-taxable transactions reported, Total transactions subject to use, county & local tax, Total county, local & district tax amounts; Total tax due to Board of Equalization	Annually	Regional Accounting Headquarters Accounting	Board of Equalization
Finance/Budget	Diesel Fuel Tax	Month/year, Number of gallons of diesel fuel for the month, rate per gallon, sales tax rate, excise tax rate per gallon, Total tax due to Board of Equalization	Quarterly	Regional Accounting Headquarters Accounting	Board of Equalization

External Reporting Requirements

Functional Area	Report	Data	Freq.	Generated By	Requesting Area
Finance/Budget	NON-USPS Adjustment Request STD 676	Item code, Item description, Tax Year, Page number, employee name, Social Security Number, Position Agency and Unit Number, Pay Period, Gross Amount subject to or not subject to withholding, State code, Issue Date, Authorized Signature, Date Signed, Contact name and phone number.	Monthly	Regional Accounting Headquarters Accounting	State Controller's Office
Finance/Budget	Supplemental Wage Deductions STD 675	Agency, Tax Year, Page Number, Social Security Number, Employee name, Position Agency and Unit Number, Taxable Gross, Federal Income Tax, State code, State Income Tax, Issue Date, Non-taxable Gross, Total Gross and Taxes, authorized signature, date signed, contact name and phone no.	Monthly	Regional Accounting Headquarters Accounting	State Controller's Office
Finance/Budget	Report of Settlements, Judgments and Governmental Claims Board under \$300	Headquarters Accounting Services Section/Regional Accounting Office, Name, type of claim, amt of claim, reason, plaintiff type, Headquarters/institution, date processed, Total dollar amount, Total count	Quarterly	Regional Accounting Headquarters Accounting	Victims of Crime and Government Claims Board
Finance/Budget	Report of Accruals to Controllers Account Report 1	Agency name & number, Fund name & number, contact name, title, phone number, date prepared, location, authorized signature, Encumbrance and Accrual amounts for each General Ledger account, subsidiary account number, debit/credit, net debits/credits	Year End	Regional Accounting Headquarters Accounting	State Controller's Office
Finance/Budget	Accrual Worksheet Report 2	Agency name & number, Fund name & number, authorized signature, name, & title, date prepared, location, Accrual amounts for each General Ledger account by Program/Category, net accruals per agency, Total per General Ledger Account	Year End	Regional Accounting Headquarters Accounting	State Controller's Office
Finance/Budget	Adjustments to Controllers Account Report 3	Agency name & number, Fund name & number, contact name, title, phone number, date prepared, location, authorized signature, adjustment amount for each General Ledger acct, subsidiary account number, debit/credit, net debits/credits	Year End	Regional Accounting Headquarters Accounting	State Controller's Office

External Reporting Requirements

Functional Area	Report	Data	Freq.	Generated By	Requesting Area
Finance/Budget	Final Statement of Revenue Report 4	Agency name & number, Fund name & number, authorized signature, date prepared, location, Fiscal Year, source code, description of revenue account, estimated revenues, actual revenues, balance, Total revenue per State Controllers Office, Total accruals per Report #2, Total adjustments per Report #3, Total revenue per Statement of Revenue	Year End	Regional Accounting Headquarters Accounting	State Controller's Office
Finance/Budget	Final Reconciliation of Controller's Accounts with Final Budget Report Report 5	Agency name & number, Fund name & number, authorized signature, date prepared, location, Fiscal Year and Item Number, Total expenditures & appropriation balance per State Controllers Office, accrual and adjustment amounts, pending budget revisions, allocation orders, & executive orders; Total expenditures & appropriation balances for each appropriation	Year End	Regional Accounting Headquarters Accounting	State Controller's Office
Finance/Budget	Pre-Closing Trial Balance Report 7	(System-Generated) Agency name & number, Fund name & number, General Ledger Account Number & Description, Total debits/credits per General Ledger Account Number, Total debits/credits for Fund, authorized signature, name & title; date prepared, and location	Year End	Regional Accounting Headquarters Accounting	State Controller's Office
Finance/Budget	Post-Closing Trial Balance Report 8	(System-Generated) Agency name & number, Fund name & number, General Ledger Account Number & Description, Total debits/credits per General Ledger Account Number, Total debits/credits for Fund, authorized signature, name & title; date prepared, and location	Year End	Regional Accounting Headquarters Accounting	State Controller's Office
Finance/Budget	Analysis of Change in Fund Balance Report 9	(System-Generated) Agency name & number, Fund name & number, beginning fund balance, Total additions, Total deductions, ending fund balance, authorized signature, name & title; date prepared, and location	Year End	Regional Accounting Headquarters Accounting	State Controller's Office
Finance/Budget	Report of Bank and/or Savings and Loan Association Accounts outside of State Treasurer Report 14	Dept name & address, Fiscal Year, Account Title and Number, Account Type, Purpose, Bank Name, Authority, Balance, authorized signature, name, title, phone number, and date signed	Year End	Regional Accounting Headquarters Accounting	State Treasurer's Office

External Reporting Requirements

Functional Area	Report	Data	Freq.	Generated By	Requesting Area
Finance/Budget	Reconciliation of Agency Accounts with Transactions Report 15	Agency name & number, Fund name & number, Fiscal Year, account balances per State Controllers Office, account balances per Agency, authorized signature, name, title, Totals by line & column	Year End	Regional Accounting Headquarters Accounting	State Controller's Office
Finance/Budget	Statement of Changes in General Fixed Assets Report 18	(System-Generated) Agency name & number, Fund name & number, General Ledger Acct Number. & Title, beginning balance, Total additions, Total deductions, & ending balance for each General Ledger account; authorized signature, name & title; date prepared, and location	Year End	Regional Accounting Headquarters Accounting	State Controller's Office
Finance/Budget	Statement of General Fixed Assets Report 19	(System-Generated) Agency name & number, debit/credit balance of each Fixed Asset account, Total fixed assets, authorized signature, name & title; date prepared, and location	Year End	Regional Accounting Headquarters Accounting	State Controller's Office
Finance/Budget	Statement of Financial Condition Report 20	(System-Generated) Agency name & number, Fund name & number, General Ledger acct no. and name, Total Assets, Liabilities, & Fund Equity, authorized signature, name & title; date prepared, and location	Year End	Regional Accounting Headquarters Accounting	State Controller's Office
Finance/Budget	Statement of Contingent Liabilities Report 22	Agency name & number, Fund name & number, date prepared, contact name, type of liability, reference or justification, estimated amt, estimated date of payment, comments, authorized signature, name, & title; date signed, and location	Year End	Regional Accounting Headquarters Accounting	State Controller's Office
Finance/Budget	Annual "Claims for Reimbursement under \$1000" Report	Headquarters Accounting Services Section /Regional Accounting Office, Organization Code, claim schedule number, claim schedule date, date paid, claim schedule amount, STD 27A amount, reason for deficiency	Annually	Regional Accounting Headquarters Accounting	State Controller's Office
Finance/Budget	Monthly "Settlements, Judgments, and Board of Control Claims \$300 or Less" Report	Month/Year, Headquarters Accounting Services Section/Regional Accounting Office Name, Type of Claim, Amount of Claim, Reason, plaintiff type, Headquarters/institution, date processed, Total dollar amount, and Total count.	Monthly	Regional Accounting Headquarters Accounting	State Controller's Office

External Reporting Requirements

Functional Area	Report	Data	Freq.	Generated By	Requesting Area
Finance/Budget	Schedule 7A Galley Proof	Date, totals for current and budget years, legislatively authorized positions, vacant positions (abolished by Government Code 12439), current year positions, positions proposed in the Governor's Budget, changes reflected in the Final Change Book.	Annually	Budget Management Branch	Department of Finance
Finance/Budget	Schedule 8 Summary	Date, total number of personnel years for each of the three years, total estimated expenditures for the current year for established positions, the total proposed expenditures for the budget year, the current year allotments for salaries and wages.	Annually	Budget Management Branch	Department of Finance
Finance/Budget	Schedule 10 Missing Records Report Department of Finance-38	Data that has not been entered into the appropriation data base.	Annually	Budget Management Branch	Department of Finance
Finance/Budget	Supplementary Schedule of Reimbursements Department of Finance-301	Descriptive title, reimbursement or period when funds are available, source of funds, budget year.	Annually	Budget Management Branch	Department of Finance
Finance/Budget	Post Assignment Schedule Budget Act- Provision 8	Each Adult institutions reconciled to budgeted authority	Semi- annually	Budget Management Branch	Department of Finance
Finance/Budget	Operating Budget for Each Institution Budget Act-Provision 23	Appropriations, Expenditures, Encumbrances, Prior Year Encumbrance Reversals, Budgetary Expenditures, Balance.	Quarterly	Budget Management Branch	Legislative Analysts Office
Finance/Budget	Training Needs Assessment Budget Act- Provision 30	Training needs by classification; identified gap between new and existing training; cost	Annually	Office of Departmental Training	Legislative Analysts Office
Finance/Budget	Late Payment Report	Amount of late payment penalties paid; fiscal year; total number of late payments; amount of late payment penalties paid; provide relevant performance measures; mitigation efforts	Annually	Accounting	Department of General Services
Finance/Budget	W-9 Reportable Vendor Payments	Sections 6041 Internal Revenue Code (IRC) and 18637 of the State Revenue and Taxation Code require the state to report certain payments made to individuals, medical and legal corporations, legal fees and amounts awarded to clients, and partnerships when such payments total at least \$600 of miscellaneous income and \$10 of interest income, respectively. In addition, the IRC, section 6045(f) requires the State to report any payment to attorneys (including legal corporations) made in connection with legal services.	Annually	Accounting	Franchise Tax Board

External Reporting Requirements

Functional Area	Report	Data	Freq.	Generated By	Requesting Area
Human Resources	Early Intervention Report	State Compensation Insurance Fund #, if available; date of injury; type of Injury/Referral Criteria; date of Knowledge; date of referral; accepted or declined referral	Quarterly	Return to Work Coordinators	California Correctional Peace Officer's Association
Human Resources	Governor's Safety Award	Employee's name; date of incident; description of incident; short justification	Annual	Director's Office with input from Headquarters and Field	Governor's Office
Human Resources	California Office of Safety and Health Association Log 300	Case #; name; job title/classification; where injury occurred; date of injury; description of injury; classification of case - (boxes to be check-i.e., death; lost time; remained at work; light duty; lost days; injury type (illness/injury))	Annual	Return to Work Coordinators	Occupational Safety and Health Association
Human Resources	California Office of Safety and Health Association Summary 300A	total number deaths; total number of cases withdays lost from work; total number cases with job transfer or restriction;total number of other recordable cases; total number of days away from work; total number of days of job transfer or restriction; total number of injuries-how many of each kind; establishment name; address; industry description; average number of employees; total hours worked by all employees; signature block (name, title, date)	Annual	Return to Work Coordinators	Occupational Safety and Health Association
Human Resources	Injury and Illness Prevention Program Form 5 (previously California Office of Safety and Health Association 301)	Case #, medical treatment rec'd; employee hospitalized; death/date; date of injury/illness; time employee began work; location; what/where injury; type of injury; is injury consistent with employee claim; what object or substance directly harmed employee; why did the incident happen; did workplace or work practice contribute to incident; could protective equipment prevented injury; code of safe practices violated; which code; how prevented; avoidance; action taken; training; completed by; investigator's name, title, signature, date; investigators supervisor, title, signature, date.	Monthly	Return to Work Coordinators	Occupational Safety and Health Association
Supply Chain	Air Resources Board Report (Fuel Storage Certification)	Type, Description, Address, Carrier Route, Subdivision, Fire Codes, Coordinates, Distance Unit of Measure, Distance from Coordinate Intersection, Compass Direction, Reference Point, Revision Date	Annual	Plant Operations (Institution)	Air Resources Board

External Reporting Requirements

Functional Area	Report	Data	Freq.	Generated By	Requesting Area
Supply Chain	Annual Report of Surplus Property	Type, Description, Address, State Identification Tag, Model Number, Manufacturer, Serial Number, Warranty Information, Handling Standards, Condition, Remarks, Warranty Expiration, Warranty Length	Annual	Procurement Office (Institution) Business Management Branch (HQ)	Department of General Services
Supply Chain	Centralized Purchases Report	Type, Description, Address, Agency Order Number, Commodity Type, City of Origin, Zip Code of Origin, Confirmation, Sales Terms, Volume, Discount Amount, Tax Amounts, Payment Terms, Purchase Order Item Number, Unit of Measure, Material Identification, Item Description, Purchasing Specification, Unit Weight, Purchasing Unit, Unit Purchased Cost, Order Quantity, Discount Amount, Packing Instructions, Standard Type, Standard Identification Code, Specification Description, Encumbrance	Annual	Business Management Branch (Headquarters)	Department of General Services
Supply Chain	California Integrated Waste Management Board Report	Required By Date, Commodity Type, FOB, City of Origin, Zip Code of Origin, Sales Terms, Special Instructions, Acknowledgements, Payment, Terms, Unit of Measure, Service Type, Material Identification, Item Description, Purchasing Specification, Unit Weight, Purchasing Unit, Unit, Purchased Cost, Order Quantity, Standard Type, Standard Identification Code, Specification Description, Material Composition, Certification Type, Date Certified, Certifying Organization, Tests Conducted, Test Results, Quality Rating, Date Last Inspected, Inspected By, Tag Number	Annual	Procurement Office (Institution) Business Management Branch (Headquarters)	California Integrated Waste Management Board
Supply Chain	Cold Plate Renewal	Description, Address, Carrier Route, Name, Location, Room Number, Facility, Building, Vehicle Make, Vehicle Model, Vehicle Year, Vehicle Identification Number, Vehicle Body Type	Annual	Procurement Office (Institution) Garage (Institution) Plant Ops ((Institution) Business Management	Department of Motor Vehicle
Supply Chain	Consulting Services Report	Type, Description, Address, Carrier Route, Revision Date, Federal Identification Number, Vendor/Contract Status, Vendor/Contractor Name, Vendor/Contractor Contact Person, Primary Business Address, Mailing Address, Minority Status, Business Size, Certification	Annual	Office of Contract Services (Headquarters)	Legislature Governor's Office

External Reporting Requirements

Functional Area	Report	Data	Freq.	Generated By	Requesting Area
Supply Chain	Contract Award Report	Type, Description, Address, Carrier Route, Revision Date, Federal Identification Number, Vendor/Contract Status, Vendor/Contractor Name, Vendor/Contractor Contact Person, Primary Business Address, Mailing Address, Minority Status, Business Size, Certification	Monthly	Office of Contract Services (Headquarters)	Department of General Services Department of Fair Employment and Housing
Supply Chain	Contracting Activity Report	Type, Description, Address, Carrier Route, Revision Date, Federal Identification Number, Vendor/Contract Status, Vendor/Contractor Name, Vendor/Contractor Contact Person, Primary Business Address, Mailing Address, Minority Status, Business Size, Certification Number, Expiration Date, Type of Business, Services, Vendor/Contractor Telephone Number, Vendor/Contractor Fax Number, Encumbrance	Bi-Annual	Office of Contract Services (Headquarters)	Department of General Services
Supply Chain	Contracts	Type, Description, Address, Carrier Route, Revision Date, Federal Identification Number, Vendor/Contract Status, Vendor/Contractor Name, Vendor/Contractor Contact Person, Primary Business Address, Mailing Address, Minority Status, Business Size, Certification Number, Expiration Date, Type of Business, Services, Vendor/Contractor Telephone Number, Vendor/Contractor Fax Number, Encumbrance	Monthly	Office of Contract Services (Headquarters)	Department of General Services State Controller's Office
Supply Chain	Delegation Authority	Description, Address, Carrier Route, Name, Location, Room Number, Facility, Building, Employment Classification, Employee Work Telephone Number, Employee Work Fax Number, Delegation Information	Annual	Procurement Office (Institution) Business Management Branch (Headquarters)	Department of General Services
Supply Chain	Disabled Veteran Business Enterprise (DVBE) Contracts	Description, Address, Carrier Route, Name, Location, Room Number, Facility, Building, Employment Classification, Employee Work Telephone Number, Employee Work Fax Number, Contract Number, Contract Award Date, Contract Amendment Number, Contract Amendment Date, Contract Effective Period, Request Date, Term Start Date, Term Date, Contract Renewal Request Date, Contract Dollar Amount, Minority Status Business Size, Certification Number, Expiration Date	Annual	Procurement Office (Institution) Business Management Branch (Headquarters) Office of Contract Services (Headquarters)	Department of General Services

External Reporting Requirements

Functional Area	Report	Data	Freq.	Generated By	Requesting Area
Supply Chain	Late Payment Penalty Report	Description, Address, Carrier Route, Name, Location, Room Number, Facility, Building, Employment Classification, Employee Work Telephone Number, Employee Work Fax Number, Contract Number, Contract Award Date, Contract Amendment Number, Contract Amendment Date, Contract Effective Period, Request Date, Term Start Date, Term Date, Contract Renewal Request Date, Contract Dollar Amount	Annual	Regional Accounting Office (Headquarters) Headquarters Accounting Services Section (Headquarters)	Department of General Services
Supply Chain	Leased Equipment (Vehicles) Inventory Certification	Description, Address, Carrier Route, Name, Location, Room Number, Facility, Building, Vehicle Make, Vehicle Mode, Vehicle Year, Vehicle Identification Number, Vehicle Body Type, Type, On Hand Quantity, Department Identification Number	Annual	Business Management Branch (Headquarters)	Department of General Services
Supply Chain	Merit Award Program Summary Report	Type, Description, Address, Organization Name, Location, Room Number, Facility, Building, Floor, Employee Name, Employment Classification, Employee Work Telephone Number, Employee Work Fax Number	Annual	Business Management Branch (Headquarters)	
Supply Chain	Mobile Equipment Inventory Report	Description, Address, Name, Location, Room Number, Facility, Building, Vehicle Make, Vehicle Model, Vehicle Year, Vehicle Identification Number, Vehicle Body Type	Bi-Annual	Procurement Office (Institution) Garage (Institution) Plant Ops ((Institution)	Department of General Services
Supply Chain	Non-Competitive Bid Contract Quarterly Report	Type, Description, Address, Carrier Route, Revision Date, Federal Identification Number, Vendor/Contract Status, Vendor/Contractor Name, Vendor/Contractor Contact Person, Primary Business Address, Mailing Address, Minority Status, Business Size, Certification Number, Expiration Date, Type of Business, Services, Vendor/Contractor Telephone Number, Vendor/Contractor Fax Number, Encumbrance	Quarterly	Office of Contract Services (Headquarters)	Department of General Services

External Reporting Requirements

Functional Area	Report	Data	Freq.	Generated By	Requesting Area
Supply Chain	Property Inventory	Type, Description, Address, Carrier Route, Name, Location, Room Number, Facility, Building, Floor, Inventory Type, Transaction Number, Transaction Type, Transaction Date, Transaction Classification, Quantity, Unit Price, Key Noun, Item Description, Property Identification Number, Acquisition Date, Condition, Model Number, Serial Number, Custodian, Color, Size, Cellular Telephone Number	Tri-ennial	Procurement Office (Institution) Business Management Branch (Headquarters)	Department of General Services
Supply Chain	Purchasing Authority Action Report	Type, Description, Address, Carrier Route, Name, Location, Room Number, Facility, Building, Floor, Purchase Order Quantity, Purchase Order Cost, Encumbrance	Monthly	Procurement Office (Institution) Business Management Branch (Headquarters)	Department of General Services
Supply Chain	Ethnicity/Race/Gender/Disabled Veteran Business Enterprise (DVBE) Report	Type, Description, Address, Carrier Route, Name, Location, Room Number, Facility, Building, Floor, Purchase Order Quantity, Purchase Order Cost, Encumbrance, Federal Identification Number, Vendor/Contractor Status, Vendor/Contractor Name, Vendor/Contractor Contact Person, Primary Business Address, Minority Status, Business Size, Certification Number, Expiration Date	Annual	Procurement Office (Institution) Business Management Branch (Headquarters) Office of Contract Services(Headquarters)	Legislature Governor's Office
Supply Chain	Recycled Report (Recycled Content Certification)	Required By Date, Commodity Type, FOB, City of Origin, Zip Code of Origin, Sales Terms, Special Instructions, Acknowledgements, Payment Terms, Unit of Measure, Service Type, Material Identification, Item Description, Purchasing Specification, Unit Weight, Purchasing Unit, Unit Purchased Cost, Order Quantity, Standard Type, Standard Identification Code, Specification Description, Material Composition, Certification Type, Date Certified, Certifying Organization, Tests Conducted, Test Results, Quality Rating, Date Last Inspected, Inspected By, Tag Number, Type, Last Issue Date, Usage History, On Hand Quantity, On Order Quantity	Quarterly	Procurement Office (Institution) Business Management Branch (Headquarters)	California Integrated Waste Management Board

External Reporting Requirements

Functional Area	Report	Data	Freq.	Generated By	Requesting Area
Supply Chain	Recycled Funds Report	Required By Date, Commodity Type, FOB, City of Origin, Zip Code of Origin, Sales Terms, Special Instructions, Acknowledgements, Payment Terms, Unit of Measure, Service Type, Material Identification, Item Description, Purchasing Specification, Unit Weight, Purchasing Unit, Unit Purchased Cost, Order Quantity, Standard Type, Standard Identification Code, Specification Description, Material Composition, Certification Type, Date Certified, Certifying Organization, Tests Conducted, Test Results, Quality Rating, Date Last Inspected, Inspected By, Tag Number, Type, Last Issue Date, Usage History, On Hand Quantity, On Order Quantity	Annual	Procurement Office (Institution) Business Management Branch (Headquarters)	Department of General Services
Supply Chain	Report of Independent Contractors	Type, Description, Address, Carrier Route, Revision Date, Federal Identification Number, Vendor/Contract Status, Vendor/Contractor Name, Vendor/Contractor Contact Person, Primary Business Address, Mailing Address, Minority Status, Business Size, Certification	Monthly	Office of Contract Services (Headquarters)	Employment Development Department
Supply Chain	Real Estate Services Division Statewide Property Inventory	Description, Address, Carrier Route, Name, Location, Room Number, Facility, Building, Parcel Number, Size Quantity, Unit of Measure, Water Percentage, Soil Condition, Drainage Rating, Zoning Restrictions, Primary Use, Parcel Cost	Annual	Procurement Office (Institution) Business Management Branch (Headquarters)	Department of General Services
Supply Chain	Schedule 9	Description, Address, Carrier Route, Name, Location, Room Number, Facility, Building, Key Noun, Item Description, Cost	Annual	Procurement Office (Institution) Business Management	Department of Finance
Supply Chain	Small Business/Micro Business/Disable Veteran Business Enterprise (DVBE) Report	Type, Description, Address, Agency Order Number, Commodity Type, City of Origin, Zip Code of Origin, Confirmation, Sales Terms, Volume, Discount Amount, Tax Amounts, Payment Terms, Purchase Order Item Number, Unit of Measure, Material Identification, Item Description, Purchasing Specification, Unit Weight, Purchasing Unit, Unit Purchased Cost, Order Quantity, Discount Amount, Packing Instructions, Standard Type, Standard Identification Code, Specification Description, Encumbrance	Annual	Procurement Office (Institution) Business Management Branch (Headquarters) Office of Contract Services(Headquarters)	Department of General Services

External Reporting Requirements

Functional Area	Report	Data	Freq.	Generated By	Requesting Area
Supply Chain	Smog Certification Report	Description, Address, Name, Location, Room Number, Facility, Building, Vehicle Make, Vehicle Model, Vehicle Year, Vehicle Identification Number, Vehicle Body Type	Annual	Procurement Office (Institution) Garage (Institution) Plant Operations (Institution)	Air Resources Board
Supply Chain	State Agency Buy Recycled Campaign Procurement Report	Required By Date, Commodity Type, FOB, City of Origin, Zip Code of Origin, Sales Terms, Special Instructions, Acknowledgements, Payment Terms, Unit of Measure, Service Type, Material Identification, Item Description, Purchasing Specification, Unit Weight, Purchasing Unit, Unit, Purchased Cost, Order Quantity, Standard Type, Standard Identification Code, Specification Description, Material Composition, Certification Type, Date Certified, Certifying Organization, Tests Conducted, Test Results, Quality Rating, Date Last Inspected, Inspected By, Tag Number, Type, Last Issue Date, Usage History, On Hand Quantity, On Order Quantity	Annual	Procurement Office (Institution) Business Management Branch (Headquarters)	California Integrated Waste Management Board
Supply Chain	Summary of State Drivers Accident Report	Description, Address, Carrier Route, Name, Location, Room Number, Facility, Building, Vehicle Make, Vehicle Model, Vehicle Year, Vehicle Identification Number, Vehicle Body Type, Type, Vehicle Mileage, Department Identification Number	Annual	Procurement Office (Institution) Garage (Institution) Plant Operations (Institution) Business Management Branch (Headquarters)	Department of General Services
Supply Chain	Vehicle Home Storage Report (Annual)	Description, Address, Carrier Route, Name, Location, Room Number, Facility, Building, Vehicle Make, Vehicle Model, Vehicle Year, Vehicle Identification Number, Vehicle Body Type, Type, On Hand Quantity, Department Identification Number	Annual	Procurement Office (Institution) Garage (Institution) Business Management Branch (Headquarters)	Department of General Services
Supply Chain	Vehicle Registration (As Purchased)	Description, Address, Name, Location, Room Number, Facility, Building, Vehicle Make, Vehicle Model, Vehicle Year, Vehicle Identification Number, Vehicle Body Type, Type, Department Identification Number	As Purchased	Procurement Office (Institution) Business Management Branch (Headquarters)	Department of Motor Vehicle
Supply Chain	Vehicle Usage Report	Description, Address, Carrier Route, Name, Location, Room Number, Facility, Building, Vehicle Make, Vehicle Model, Vehicle Year, Vehicle Identification Number, Vehicle Body Type, Type, Department Identification Number	Annual	Procurement Office (Institution) Garage (Institution) Plant Operations (Institution) Business Management Branch (Headquarters)	Department of General Services

External Reporting Requirements

Functional Area	Report	Data	Freq.	Generated By	Requesting Area
Supply Chain	Year End Inventory Report	Type, Description, Address, Carrier Route, Name, Inventory Type, Transaction Number, Transaction Type, Transaction Date, Transaction Classification, Quantity, Unit Price, Key Noun, Item Description, Inventory Type, On Hand Quantity, On Order Quantity, Last Cycle Count, Quantity On Reserve, Transaction Date, Quantity Received, Quantity Issued, Safety Level, Days of Supply, Operating Level, Material Class, Average Cost, Average Purchase Price, Unit of Measure, Department Identification Number, Department Identification Number Extension, Storage Locations, Location Sizes, Ownership	Annual	Receiving Warehouse (Institution) Maintenance Warehouse (Institution) Procurement Office (Institution) Business Management Branch (Headquarters)	Department of General Services